

For Ecology Use

State of Washington E G E I V I Application for a Water Right FEB 2 5 1995

Fee Paid ____

Date

Please follow the att	tached inst	ductions to	avoid difficoessa	ly delays.		
			DEPA	Thinking OF LOOK	CICE (CK # 1064 "
Section 1. APPLICA	NT - PER	RSON, ORG	GANIZATION,	OR WA	TER S	WSTEM
Name Michael	M	Tarl	Home Te	el:(509)6	54 - (フェジン
Mailing Address P D B Dx						
ity FASTUN	State 41	1 Zip+4 98	925+143 FA	X:()		
7					_	
Section 2. CONTAC	T - PERS	ON TO CA	LL ABOUT TI	HE APPI	LICAT	TON
✓ Same as above						
ame			Home Te	el:()_		
ailing Address			Work Te	l:()		
ty	State	Zip+4	+FA	X:()_		
elationship to applicant						
ne applicant requests a perm	it to use not i	more than	15.20	(D	gallons	per minute or
cubic feet per second) from prose(s) of	e. (See instrumentative to be is proposed to SOURCE	used in acre-fe for a short-terr	E: A tax parcel number per year: No no project. Indicate the A permit is desired.	he period of	Attach t number 570	a "legal" r is not sufficient. Objection
cubic feet per second) from prose(s) of	e. (See instrumentative to be is proposed to SOURCE	used in acre-fe for a short-terr	E: A tax parcel number of per year: No Indicate the per year: Indicate the per year: If GROUNDWA	he period of	Attach t number 570	a "legal" r is not sufficient. Deficient at the water will be
cubic feet per second) from repose(s) of	uantity to be is proposed to SOURCE indicate if stree "unnamed sp	used in acre-fer for a short-term	E: A tax parcel number of per year: No In project. Indicate to A permit is desired.	her or a plan ATER ed for	Attach t number 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	a "legal" r is not sufficient. Deficient at the water will be
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Check if the water use needed: From/_ Section 4. WATER S If SURFACE WATER Name the water source and is lake, etc. If unnamed, write "unnamed stream," etc.: Number of diversions: Source flows into (name of be sure of the water) Source flows into (name of be sure of the water) Source flows into (name of be sure of the water)	indicate if street and only of water	used in acre-fer for a short-term	E: A tax parcel number of per year: No In project. Indicate the A permit is desired. Size & depth of very size of the size of	her or a plan ATER ed for vell(s): 6	Attach t number 5	a "legal" r is not sufficient. Deficient at the water will be
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Check if the water use needed: From/_ Section 4. WATER S If SURFACE WATER Name the water source and is lake, etc. If unnamed, write "unnamed stream," etc.: Number of diversions: Source flows into (name of because of the content of the c	indicate if street unnamed sproposed to be a sproposed to source and the street unnamed sproposed to the street unnamed spropo	eam, spring, pring, " stances in feet Third Range(E/N	E: A tax parcel number of project. Indicate the project. Indicate	her or a plant with the period of the period	Attach t number 5	a "legal" r is not sufficient. Objection at the water will be vell(s). drawal to the Hawtharn LA rec is platted, complete

ECY 040-1-14 Rev. 12/94 F

SEPA: Exempt/Not Exempt

Date Accepted As Complete

APPLICATION

FERC License #

Appl. No.:

WRIA: 39

Dept. Of Health #

Date Returned

Sec	tion 5. GENERAL WATER SYSTEM INFORMATION
A.	Name of system, if named:
B.	Briefly describe your proposed water system. (See instructions.) 5 - well 80 day
2	horse pawer water premo on the or a zero
Ou	~ 2'2 acres dies
Ear	tom Water dot will mor a garden and some Lawon
du	tom water dist will mor above eyent were leaven with this property or system? TYPS AND
	They best House ilse.
C.	Do you already have any water rights or claims associated with this property or system? PROVIDE DOCUMENTATION.
	ction 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION ompleted for all domestic/public supply uses.)
Α.	
В.	Number of "connections" requested: Type of connection (Homes, Apartment, Recreational, etc.) Are you within the area of an approved water system?
υ.	If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.
Com	plete C. and D. only if the proposed water system will have fifteen or more connections.
C.	Do you have a current water system plan approved by the
	Washington State Department of Health? If yes, when was it approved? Please attach the current approved version of your plan.
D.	Do you have an approved conservation plan? If yes, when was it approved? Please attach the current approved version of your plan.
	ction 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION omplete for all irrigation and agriculture uses.)
	Total number of acres to be irrigated: 24 aline of the
Α.	
В.	List total number of acres for other specified agricultural uses:
	UseAcres UseAcres UseAcres
	UseAcres
C.	Total number of acres to be covered by this application: 25
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977)
	Add up the acreage in which you have a controlling interest, including only: ‡ Acreage irrigated under water rights acquired after December 8, 1977;
	‡ Acreage proposed to be irrigated under this application; ‡ Acreage proposed to be irrigated under other pending application(s).
	 Is the combined acreage greater than 2000 acres? Do you have a controlling interest in a Family Farm Development Permit? If yes, enter permit no:
E.	Farm uses:
	Stockwater - Total # of animals Animal type (If dairy cattle, see below) Dairy - # Milking # Non-milking